



1743 \$

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Complete if Known

Application No.		09/826,950
Filing Date		April 6, 2001
First Named Inventor		Galo F. ACOSTA
Group Art Unit		1743
Examiner Name		LaToya I. Cross
Attorney Docket No.		2599-103-D2
Customer No.		6449
ENCLOSURES (check all that apply)		Confirmation No.
		8081

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form                        | <input type="checkbox"/> Assignment Papers   | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input checked="" type="checkbox"/> Fee Attached                                | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input checked="" type="checkbox"/> Amendment/Reply                             | <input type="checkbox"/> Licensing-related Papers  |  |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Petition  |  |
| <input type="checkbox"/> Affidavits/declaration(s)                              | <input type="checkbox"/> Petition to Convert to a Provisional Application                  | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input checked="" type="checkbox"/> Extension of Time Request                   | <input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Express Abandonment Request                            | <input type="checkbox"/> Terminal Disclaimer   | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Information Disclosure Statement                       | <input type="checkbox"/> Request for Refund  | <input type="checkbox"/> Other Enclosure(s) (please identify below):                       |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                 | <input type="checkbox"/> CD, Number of CD(s)   |  |
| <input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application   |  |  |
| <input type="checkbox"/> Response to Missing Parts<br>under 37 CFR 1.52 or 1.53 |  |  |
- REMARKS:*
- FEB 18 2004

SUBMITTED BY		Complete (if applicable)		
NAME AND REG. NUMBER	Richard Wydeven, Reg. No. 39,881			
SIGNATURE		DATE	2/06/04	DEPOSIT ACCT USER ID
L:\2599\2599-103\DIV2\2599-103-D2\TRN.WPD				

**FEE TRANSMITTAL**  
for FY 2003  
(Large Entity)



		Complete if Known	
Total Amount of Payment	(\$164.00)	Application Number	09/826,950
		Filing Date	April 6, 2001
		First Named Inventor	Galo F. ACOSTA
		Group Art Unit	1743
		Examiner Name	LaToya I. Cross
		Attorney Docket Number	2599-103-D2
		Customer No.	6449

**METHOD OF PAYMENT** (check one)

1.  The Commissioner is hereby authorized to charge additional fees and credit any overpayment to Deposit Account Number 02-2135 in the name of Rothwell, Figg, Ernst & Manbeck
- Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17
- Applicant claims small entity status
2.  Payment Enclosed
  - Check
  - Credit Card

**FEE CALCULATION**

**1. FILING FEE**

Fee	Fee	Fee Description	Fee Paid
Code	\$		
1001	770	Utility filing fee	[ ]
1002	340	Design Filing Fee	[ ]
1003	530	Plant Filing Fee	[ ]
1004	770	Reissue Filing Fee	[ ]
1005	160	Provisional Filing Fee	[ ]

**SUBTOTAL**

\$

**2. CLAIMS**

Paid	Extra Claims	Fee	Fee
Total Claims	[23]	- 20** = [3]	x \$18 = [54.00]
Independent Claims	[1]	- 3** = [-0]	x 86 = [-0]
Multiple Dependent Claims		+ 290 = [ ]	

\*\*or number previously paid, if greater;

**SUBTOTAL**

\$54.00

**FEE CALCULATION (continued)**

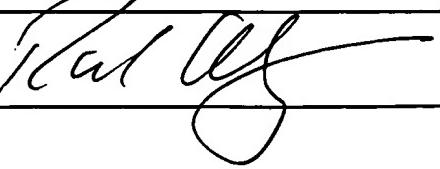
**3. ADDITIONAL FEES**

Fee	Fee	Fee Description	Fee Paid
Code	Paid		
1051	130	Surcharge - late filing fee or oath	[ ]
1052	50	Surcharge - late provisional filing fee or cover sheet	[ ]
1053	130	Non-English specification	[ ]
1812	2,520	For filing a request for reexamination	[ ]
1804	920	Requesting publication of SIR prior to Examiner action	[ ]
1804	1,840*	Requesting publication of SIR after Examiner action	[ ]
1251	110	Extension for reply within first month	[110.00]
1252	420	Extension for reply within second month	[ ]
1253	950	Extension for reply within third month	[ ]
1254	1,480	Extension for reply within fourth month	[ ]
1255	2,010	Extension for reply within fifth month	[ ]
1401	330	Notice of Appeal	[ ]
1402	330	Filing a brief in support of an appeal	[ ]
1403	290	Request for Oral Hearing	[ ]
1451	1,510	Petition to institute a public use proceeding	[ ]
1452	110	Petition to revive -unavoidable	[ ]
1453	1,330	Petition to revive - unintentional	[ ]
1501	1,330	Utility issue fee (or reissue)	[ ]
1502	480	Design issue fee	[ ]
1503	640	Plant issue fee	[ ]
1460	130	Petitions to the Commissioner	[ ]
1807	50	Processing fee under 37 CFR 1.17(q)	[ ]
1806	180	Submission of Information Disclosure Statement	[ ]
8021	40	Recording each patent assignment per property (times number of properties)	[ ]
1809	770	Filing a submission after final rejection (37 CFR .129(a))	[ ]
1810	770	For each additional invention to be examined (37 CFR 1.129(b))	[ ]
1801	770	Request for Continued Examination (RCE)	[ ]
1802	900	Request for expedited examination of a design application	[ ]
1504	300	Publication fee for early, voluntary, or normal publication	[ ]
1505	300	Publication fee for republication	[ ]
1455	200	Filing application for patent term adjustment	[ ]
1456	400	Request for reinstatement of term reduced	[ ]
		Other fee (specify)	[ ]

\* Reduced by Basic Filing Fee Paid

**SUBTOTAL**

\$110.00

SUBMITTED BY		Complete (if applicable)	
NAME AND REG. NUMBER	Richard Wydeven, Reg. No. 39,881		
SIGNATURE		DATE	02/06/04
		DEP ACCT USER ID	02-2135